

SUPPLY SCHOOL COMMAND SCREENING CHECKLIST

1. Purpose: To ensure Marines selected to attend Officer/Enlisted MOS Professional Military Education (PME) are fully qualified.
2. Information: MOS PME schools are not screening institutions. In order to preclude Marines from being turned away upon their arrival to Supply School, it is necessary that parent commands ensure their Marines satisfy enrollment prerequisites set forth in MCO P1553.4A and this checklist. A failure to satisfy any of the prerequisites on the checklist disqualifies a Marine from attending the course.
3. Action: One copy of the completed checklist will be placed on the left side of the Marine's SRB prior to TAD assignment. The checklist will be destroyed upon completion of TAD.

| NAME: _____ GRADE: _____ SSN: _____ UNIT: _____ | | | |
|--|---|--------|--|
| Prerequisites | | Yes/No | Remarks |
| 1 | Do you hold a Supply Chief billet at your unit? If not, please annotate billet in remarks section. | | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |
| 2 | Meets minimum obligated service (12 months) upon completion of school, per NAVMC 2771. EAS: _____ | | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |
| 3 | Successful completion of Basic/NCO level courses. Dates completed: Basic _____ NCO _____ | | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |
| 4 | Are there any existing family or financial hardships that would preclude this individual from attending this course. | | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |
| 5 | Possesses appropriate uniforms for the course. Uniform for check-in is the all season green "Alpha" uniform. In addition, the Marine must possess a second pair of boots for Physical/MCMAP training. | | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |

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|----|---|--|---|
| 6 | <p>Marines must be physically capable of participation in a progressive physical readiness program/MCMAP, and have passed a PFT, per MCO P6100.12 within the current semi-annual period.</p> <p>Date Last PFT: _____Score_____</p> <p>Current MCMAP qualification: Belt: _____</p> | | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| 7 | <p>Meets height/weight standards per MCO P6100.12.</p> <p>Date of Weigh-in: _____</p> <p>Ht: _____</p> <p>Wt: _____</p> <p>BF% (If required): _____</p> <p>Male 18% and Females 26%</p> | | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| 8 | <p>*Medically qualified (current 5 year physical) to participate in a progressive physical readiness program In "Full Duty Status".</p> <p>Date of Physical: _____</p> <p>Medical Officer Name: _____</p> <p>Medical Officer Billet: _____</p> <p>Medical Officer Signature: _____</p> <p>* Note: Must be signed by a medical officer, civilian health provider, nurse practitioner, or independent duty corpsman.</p> | | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| 9 | <p>Must notify Academics Chief for authorization to attend the course in any case of an existing medical condition.</p> <p>Date notified: _____</p> | | <p>_____</p> <p>_____</p> <p>_____</p> |
| 10 | <p>Has the Marine been informed that he/she must hand carry this checklist and his/her SRB/Medical/Dental records with him/her to the school.</p> | | <p>_____</p> |

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|-------------------------|--------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Unit SgtMaj/1stSgt | Phone# | Signature | Date |
| _____ | _____ | _____ | _____ |
| Unit Commanding Officer | Phone# | Signature | Date |